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Bib Data Sheet

CONFIRMATION NO. 1693

SERIAL NUMBER 09/781,128	FILING DATE 02/09/2001  RULE	CLASS 716	GROUP ART UNIT 2815	ATTORNEY DOCKET NO. MEGC116848
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* none C.C.

\*\* FOREIGN APPLICATIONS \*\*\*\*\* none C.C.

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 7	TOTAL CLAIMS 28/15	INDEPENDENT CLAIMS 12/6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Allowance: <i>C.C.</i> Initials: <i>C.C.</i>				

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## TITLE

Data management method for reticle/mask writing

FILING FEE  RECEIVED 1832	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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